Enhancing Patient-Centered Care with Pharmacist-Driven Communication.

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KEYWORDS

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ABSTRACT

Background: This concept paper examines the transition in modern medicine from a biological paradigm to a biopsychosocial perspective, particularly in pharmacy settings, in order to promote patient-centered care.
Objective: To investigate the use of a biopsychosocial paradigm in pharmacy practice and how it affects patient outcomes and healthcare expenditures.
Methods: The study evaluates the research on chronic illness management and patient-centered care, focusing on the communication tactics used by pharmacists.
Results: Key findings show that patient-centered care improves health outcomes and lowers costs through active patient engagement. Pharmacists may improve communication by displaying empathy, establishing trust, and maintaining cultural competency.
Challenges: Operational constraints, such as privacy concerns and the pharmacy setting, might inhibit successful patient-centered communication.
Conclusions: The systematic use of patient-centered communication in pharmacy practice is critical for treating chronic diseases, saving medical costs, and improving overall quality of life. The use of these principles integrates patient care with wider healthcare goals, promoting effective and compassionate care.

Introduction:

Seven of the ten leading causes of adult mortality in the United States are chronic diseases, which also account for 86% of all yearly healthcare costs(WHO, 2003). If a more comprehensive approach to health is not taken, the burden of chronic illness morbidity and mortality will rise as the population ages.

Fortunately, modern medicine is transitioning from a solely biomedical model focused on disease and its biological elements (signs, symptoms, and laboratory tests) to a biopsychosocial approach. The biopsychosocial model of care is a comprehensive paradigm that elucidates how illness arises from the interaction of biological, psychological, and social elements, together with individual health-related actions (Figure 1)(Inerney, 2018). Healthcare providers must combine the biological, psychological, and social variables influencing health to effectively recognize, understand, and respond to all determinants of disease. The objective of this model is to design a patient-centered care plan that is pragmatic to get optimal health outcomes.

Patient-centered care in healthcare is characterized by the delivery of services that align with the values, needs, and preferences of patients, achieved via the active involvement of patients in healthcare discussions and decision-making processes(Mead & Bower, 2000). The Patient Centered Clinical Method claims that patient-centeredness is partially attained through comprehending patients' experiences with illness and disease, alongside a comprehensive understanding of patients. Patient-centered care is believed to offer numerous advantages and is suggested as a strategy for attaining improved health results, enhanced patient happiness, and decreased healthcare expenses(Stewart et al., 2024).

Effective communication involves exploring the patient's diagnosis and illness to better understand their healthcare experiences(Mead & Bower, 2000; Stewart et al., 2024). When clinicians and patients establish common ground, they can work together to develop a healthcare plan(Mead & Bower, 2000; Stewart et al., 2024). Communicating with patients about their health and medicine is crucial for identifying issues including overuse, unpleasant reactions, and non-adherence(Gordon et al., 2007). Such communication is an essential component of pharmaceutical care, which encourages pharmacists to take responsibility for the clinical outcomes of drug therapy by avoiding, diagnosing, and resolving drug-related issues(Hepler & Strand, 1990).

Effective health promotion defined as adapting healthcare plans based on a patient's past health history and current health circumstances. This approach ensures that plans are informed by previous healthcare experiences. This method lowers the probability of failed therapies while also ensuring that resources are used optimally(Mead & Bower, 2000; Stewart et al., 2024).

Patients who participate more in their care have shorter hospital stays, less anxiety and stress, are more likely to feel comfortable sharing their concerns and seeking the necessary help, and are better able to manage complex chronic conditions by understanding and incorporating their plan of care(Bergeson & Dean, 2006). Additionally, patients who participate in their own care have safer treatment(Doyle et al., 2013). As a result, it is the ethical and professional duty of all healthcare professionals to urge patients to voice their concerns. However, there are situations when patient-provider communication is not as good as it may be.

Research suggests that effective therapies often involve patient education and counseling(Kuntz et al., 2014). There are various types of interventions in pharmacy practice, such as drug dispensing counselling or prescription use review programs. Cognitive pharmaceutical services have been shown in studies to improve drug therapy quality and outcomes in a variety of chronic conditions. However, it appears that improved medication therapy does not always result in better patient outcomes. This could be due to the patient's disease or lifestyle, but it could also be due to the problems pharmacists face when examining patients' needs and concerns(Koster et al., 2015; Montgomery et al., 2010; van Hulten et al., 2011).

The term "patient-centered care" has recently gained popularity, referring to the full range of an individual's wants and preferences (biopsychosocial) as opposed to only the pathophysiology of the disease (biomedical)(Care et al., 2016). Although the main method of health care intervention in pharmacy practice is the use of pharmaceuticals, pharmacists have more comprehensive ethical and professional responsibilities. In their Code of Ethics, pharmacists pledge to prioritize the "well-being of the patient and consider both their stated needs and those defined by science"(Vottero, 1995). This concept paper aims to improve patient-centered communication in

pharmacy settings by providing pharmacists with a list of best practices and ideas to improve their relationships with patients.

This concept paper aims to improve patient-centered care by incorporating pharmacist-driven communication tactics that promote patient participation, cultural competence, and tailored treatment approaches.

Pharmacists and Patient-Centered Communication:

In order to provide healthcare in an efficient manner, pharmacists are critical to patient-centered communication. In order to properly adapt therapies, this kind of communication places a strong emphasis on understanding the patient's unique health experience, beliefs, and values. This examination of pharmacists' patient-centered communication strategies is supported by scholarly research and literature:

First of all, Because they are easily accessible and see patients on a regular basis, pharmacists are in a unique position to participate in patient-centered communication(Hamadouk et al., 2023). They get the chance to talk about problems relating to medications, which can improve patient comprehension and drug compliance. Research indicates that pharmacists can more effectively comprehend and address patients' needs when they employ open-ended inquiries, attentive listening skills, and empath(Chevalier et al., 2017).

The interaction between patients and pharmacists is vital. Patient-centered communication is based on rapport and trust(Esmalipour et al., 2021). Studies show that when patients trust their pharmacist, they are more likely to follow their prescription regimens. This trust is developed through regular, courteous, and transparent contact(Gregory & Austin, 2021).

Also, Education has a major role in patient-centered communication. Patients receive education from pharmacists regarding prescription drugs, managing side effects, and the significance of following treatment plans(Ng et al., 2023). Pharmacists must modify their communication approach according to the health literacy and understanding of their patients in order to provide effective instruction(Chan et al., 2020).

Understanding how cultural variations impact patients' perceptions of health and medicine is another aspect of patient-centered communication. Cultural competency is the recognition of cultural influence and interaction, which results in a trustworthy and respectful exchange (Betancourt et al., 2003; Nelson, 2002). According to Cross and colleagues, culture "refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups”(Cross, 1989). Multiracial and religious cultural components, heritage, sexual orientation, gender, gender orientation, social background, geographic location, and linguistics have all been considered when distinguishing diverse groupings(Humes et al., 2011; Narayan, 2002; Treatment, 2014). The function of a health system pharmacist necessitates culturally competent treatment in order to ensure that patients can manage their care plans properly(Shaya & Gbarayor, 2006). Pharmacists are direct patient advocates who oversee the medication usage process and are well-positioned to have a major impact on patient knowledge and adherence to drugs(Pharmacists, 1993). Pharmacists can improve the effectiveness of their treatments by demonstrating cultural competence and ensuring patient care plans are consistent with culture beliefs, practices, and overall lifestyle. To work with a variety of patient populations, pharmacists need to be culturally

competent, making sure that all cultural norms and values are respected and taken into consideration in communication(Corsi et al., 2019).

Engaging patients in their care entails not only early teaching and counseling, but also continuous communication(Krist et al., 2017). Pharmacists must provide chances for feedback and follow-up, which can assist detect challenges with adherence, misunderstandings about prescription use, or the need for therapeutic modifications(Kibicho & Owczarzak, 2011).

Best Practices:

Best practices for pharmacist-provided patient-centered communication emphasize tactics that increase the patient's comprehension and involvement in their care summarized in **(Table 1).**

Encouraging patients to actively participate in their treatment decisions is critical. The pharmacist presents options and explains the implications, then allows the patient to express preferences and concerns before deciding on the best course of action. Shared decision-making values patient autonomy and encourages more personalized care(Wolters et al., 2017).

It is critical for pharmacists to adopt simple language that patients can comprehend, avoiding medical terminology. This ensures that patients thoroughly understand their conditions, the therapies offered, and the directions for their medicine(Naughton, 2018).

Pharmacists should engage in active listening to better comprehend patient issues and respond with empathy. Acknowledging patient concerns, asking open-ended questions to promote discussion, and demonstrating genuine concern for their well-being can considerably improve the therapeutic connection(Naughton, 2018).

Understanding and appreciating cultural differences in health beliefs and communication techniques is critical. Pharmacists should have cultural competence training to properly deal with varied patient populations and provide culturally appropriate care recommendations(McCann et al., 2023).

Openness is making oneself available and acknowledging the patient's perspectives(de Oliveira & Shoemaker, 2006). A short welcome and appearing harried or inconvenienced convey to patients that their time and problems are unimportant. Rather, addressing a patient by name in a warm greeting, smiling, being attentive, and maintaining friendly eye contact go a long way toward establishing rapport and developing a relationship.

Implementing a feedback and follow-up system can help to increase patient satisfaction and health outcomes. Pharmacists should invite patients to discuss their experiences with their drugs and any adverse effects, and change the care plan accordingly depending on these interactions(Michael et al., 2022).

Pharmacists must maintain their communication skills through continuous professional development. This involves training in patient-centered communication frameworks, such as the Calgary-Cambridge guide, which provides systematic methods to medical interviews and has been modified for pharmacy(Ab Rahim et al.).

Certain practices can help improve communication with all patients, including those who may have inadequate health literacy skills. Speak slowly and clearly, avoiding medical jargon. Encourage inquiries by framing them in an open-ended manner, such as "What questions do you have?" rather than the closed "Do you have any questions?" To ensure comprehension, have patients explain the material back to you in their own words rather than simply repeating what was stated. This strategy ensures that they have appropriately understood the health information offered(Sim et al., 2016).

Discussion:

Pharmaceutical patient care strives to improve medication treatment outcomes for each individual patient. When a patient has pharmaceutical concerns, a pharmacist can help solve them by interacting with the patient.

Pharmacists play a crucial role in assisting patients with treatment decisions, including managing drug regimens(Epstein et al., 2005; Reinders et al., 2009). We propose that a pharmacist can take an active role in defining specific drug concerns and resolving them with the patient, which is consistent with the two phases of a patient-centered consultation.

In pharmacy practice, pharmacists monitor and analyze patients' prescription use, identifying potential issues that patients may be unaware of. As a result, the session may begin with the pharmacist investigating whether there is a problem, such as underconsumption, rather than the patient requesting assistance. However, none of the authors indicated that the patient must always bring the problem into the discussion. Even yet, in these cases, the pharmacist must go through the processes of shared problem definition with the patient in order to understand what the specific problem is, emphasizing the need of patient-centered communication.

We believe that patient-centered communication is still appropriate for pharmaceutical patient care, notwithstanding its unique qualities.

However, one might claim that there are practical concerns that may impede patient-centered communication in pharmacy practice. For starters, building relationships with patients may be more challenging because they communicate with multiple staff people. Second, patients may be hesitant to disclose their difficulties because of the poor privacy settings in pharmacies. Third, communication may be inhibited when employees are overworked and do not appear to have time for consultation. Fourth, patients do not usually collect their own medication, which can limit discussion regarding drug concerns and questions. Finally, patients may be unaware of the pharmacy staff's ability to help them resolve drug-related issues. As a result, they do not always express a desire for the pharmacist's assistance or advice.

To overcome challenges to patient-centered communication, pharmacists should focus on interacting with patients more effectively. As a result, training pharmacy workers is beneficial, but it is also necessary to reconsider the organizational process of producing and delivering medications to patients in the pharmacy. All of this does not diminish the value of patient-centered communication in pharmacy practice, but it does require focus to overcome these challenges.

Conclusion:

The concept paper concludes by emphasizing how important it is that pharmacists adopt patient-centered communication as the cornerstone of contemporary pharmaceutical treatment. This method improves patient involvement, compliance, and overall health outcomes in addition to addressing the complex interplay of biological, psychological, and social requirements. Pharmacists can play a major role in managing chronic diseases and lowering healthcare costs by building relationships based on trust, empathy, and understanding. To further ensure that patient care continues to be both efficient and compassionate, pharmacy staff members must embrace best practices in communication and engage in ongoing professional development. In addition to empowering patients, this all-encompassing approach to pharmacy practice supports larger healthcare goals of enhancing quality of life and the effectiveness of healthcare services.

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Table 1 : Best practices for Pharmacist Provided Patient-Centered Communication.

Practice	**Description**	**Reference**
Shared Decision-Making	Encourage patient involvement by presenting options and discussing implications, valuing patient autonomy.	Wolters et al., 2017
Use Simple Language	Use easy-to-understand language to ensure patients grasp their conditions and treatment options.	Naughton, 2018
Active Listening	Engage in active listening to understand patient issues and demonstrate empathy.	Naughton, 2018
Cultural Competence	Train for cultural competence to address diverse health beliefs and provide appropriate care.	McCann et al., 2023
Openness and Availability	Be approachable and acknowledge patient perspectives; use warm greetings and eye contact.	de Oliveira & Shoemaker, 2006
Feedback and Follow-Up	Implement a system to discuss treatment experiences and adapt care plans accordingly.	Michael et al., 2022
Continuous Professional Development	Maintain and update skills through training in frameworks like the Calgary-Cambridge guide.	Ab Rahim et al.
Addressing Health Literacy	Communicate clearly and allow patients to explain information back to ensure understanding.	Sim et al., 2016

Figure 1. Biopsychosocial Model of Disease and Illness.